



**Laboratory confirmed influenza hospitalizations  
reporting worksheet (For Hospital Use)**

Reporting hospital: \_\_\_\_\_

County: \_\_\_\_\_

Date of report: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporting week: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ (Sunday-Saturday)

Contact name: \_\_\_\_\_

Contact telephone: \_\_\_\_\_

Age group	Total Weekly Hospitalizations
0-4	
5-17	
18-49	
50-64	
65+	
Unknown	
Total	

Notes:

- Lab confirmation includes RT-PCR, viral culture, DFA, IFA, and rapid tests.
- Fax this report to the **Regional Health Department** by **noon** Monday for the preceding week. Regional health department contact numbers are available at:  
<http://www.scdhec.gov/health/disease/reportables.htm>
- Report zeros if there were no influenza hospitalizations.
- Contact the regional health department to report an influenza associated death.